

Name  
in  
Full

Celia Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

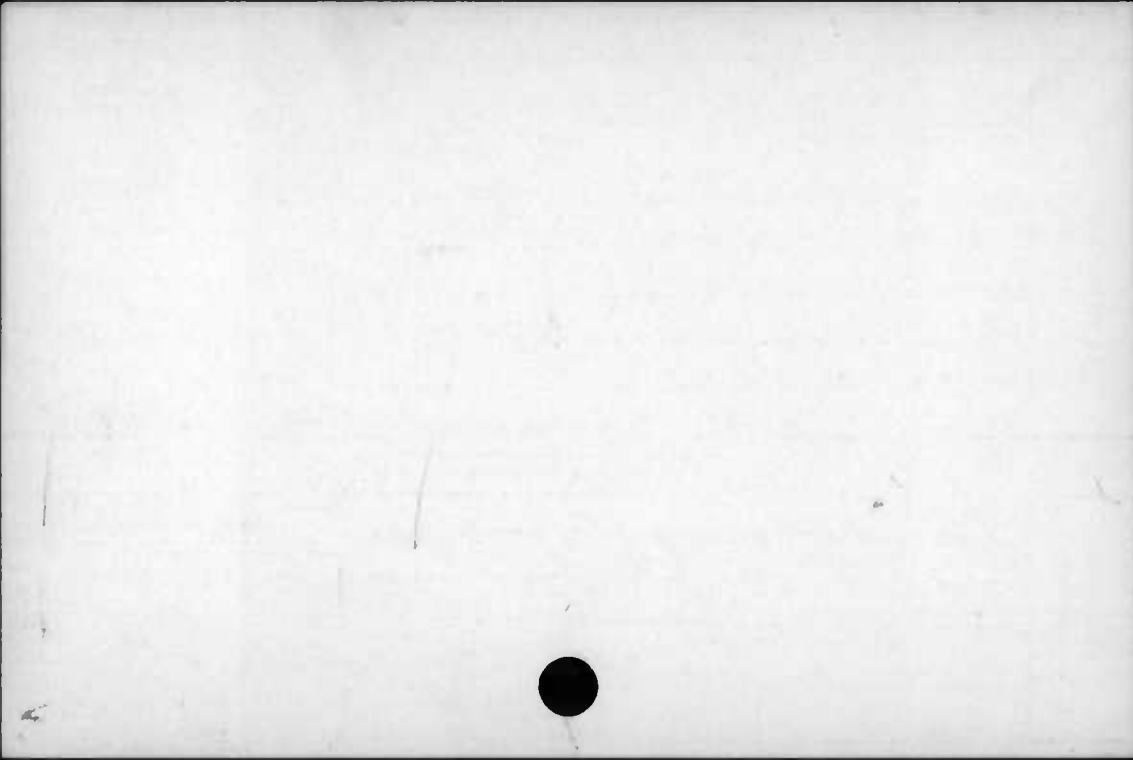
Died at <i>Olivet</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>Oct</i> Day	Age	<i>—</i> Years	<i>2</i> Months
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert Co Md</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Harry Brown</i>			Father's Birthplace	<i>Calvert Co Md</i>
Mother's Maiden Name	<i>Cornelia Sutton</i>			Mother's Birthplace	<i>Calvert Co Md</i>
Name of person giving information	<i>Cornelia Sutton</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

(100)

PHYSICIAN  
OR CORONER

Primary	<i>Thrush</i>	How long	<i>1 week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. F. Chambers</i>
		Address	<i>Sub-registration Lumb., Calvert Co Md</i>
Accident or Suicide?			



Name  
in  
Full

Richard Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct.	17	26			
Sex		Color or Race		Birth-place			
male		Black		Pr. George Co.			
Occupation		Where Residing if not at place of death					
Farm Laborer							
Married, Single or Widowed		Name of Wife or Husband					
		Lizzie Chase					
Father's Name		Father's Birthplace					
Not obtainable		Not known					
Mother's Maiden Name		Mother's Birthplace					
" "		Not known					
Name of person giving information		How related to deceased					
Robt. Thomas		none					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Not known
Immediate	" " Hemorrhage	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. W. Fitch	
		Address	
		Huntingtown	
Accident or Suicide?			



Name  
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Full

Mary Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	15	88		7	-
Sex		Color or Race		Birth-place			
Female		White		Calvert Co. Md			
Occupation				Where Residing if not at place of death			
None							
Married, Single or Widowed		Name of Wife or Husband					
Widowed		John E. Elliott					
Father's Name		Father's Birthplace					
Samuel Luby		Calvert Co. Md					
Mother's Maiden Name		Mother's Birthplace					
Rebecca Hall		Calvert Co. Md					
Name of person giving information		How related to deceased					
James E. Elliott		Son					

CAUSES OF DEATH

1374

PHYSICIAN  
OR CORONER

Primary	Demile debility	How long	2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo H Chambers	
		Address	
		Sub. registrar	
		Luby, Calvert Co., Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>William Hicks Fowler</i>		Town <i>Tranier</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Tranier</i>							
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>1</i>	Age <i>33</i>	Years <i>6</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lena R. Finger</i>					
Father's Name <i>John J. Fowler</i>		Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Mary E. Pitcher</i>		Mother's Birthplace <i>Calvert Co</i>					
Name of person giving information <i>Frank Fowler</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Nearly 8 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. Chambers, MD</i>
	Address <i>Lusby, Calvert Co, Md</i>
Accident or Suicide?	





Name  
in  
Full

Louis Hoy

## CERTIFICATE OF DEATH

Died at *Sunderland* <sup>Town</sup>*Calvert* <sup>County</sup>

MARYLAND

Date  
of death *1907* <sup>Month</sup> *Oct*

Day

*17*Age *65* <sup>Years</sup>

Months

Days

Sex

*male*Color or  
Race*Black*Birth-  
place*Cal. Co.*

Occupation

*Labrer*Where Residing if not  
et place of deathMarried, Single  
or WidowedName of Wife or  
Husband*Alice Giles*Father's  
Name*Edward Hoy*Father's  
Birthplace*Cal. Co.*Mother's  
Maiden Name*not Obtainable*Mother's  
Birthplace*not Obtainable*Name of person giving  
In formation*Sam. Gray*How related  
to deceased

## CAUSES OF DEATH

Primary

*Injury to chest*

How long

Immediate

*Pneumonia*

How long

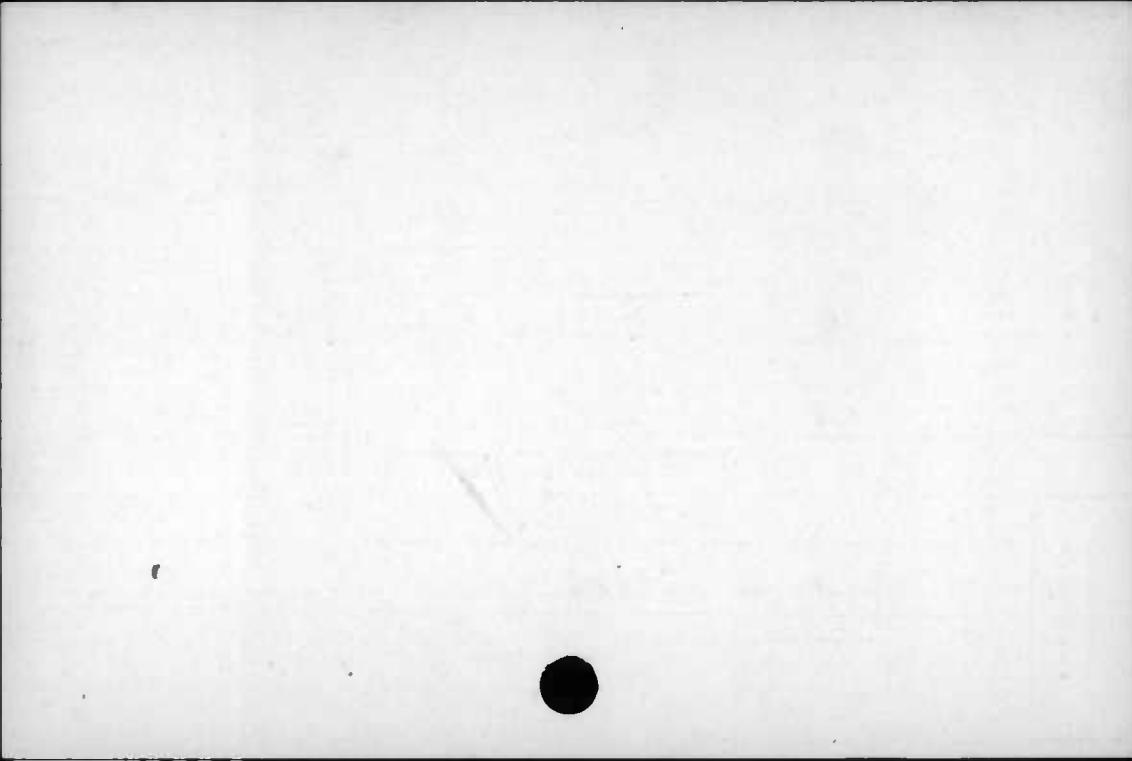
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*J. W. Leitch*

Address

*Hamletown  
Md.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Rosella Tyler</i>		Town <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Huntingtown</i>		Month <i>Oct.</i>		Day <i>19</i>		Years <i>72</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Cal. Geo.</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Benj. Tyler</i>					
Father's Name <i>Richard Gross</i>		Father's Birthplace <i>Cal. Geo.</i>					
Mother's Maiden Name <i>Susan Gross</i>		Mother's Birthplace " "					
Name of person giving information <i>Elizah Hickes</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *Old age General Debility*

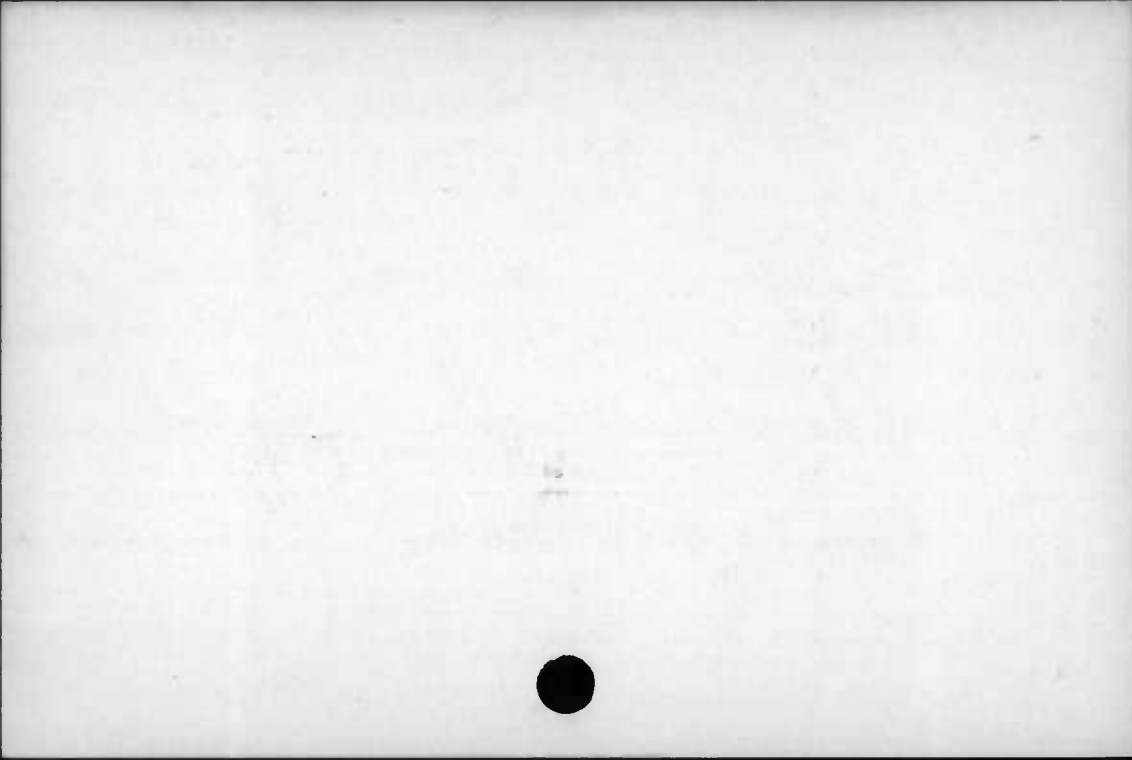
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
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Full

Benjamin M. Kenney

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

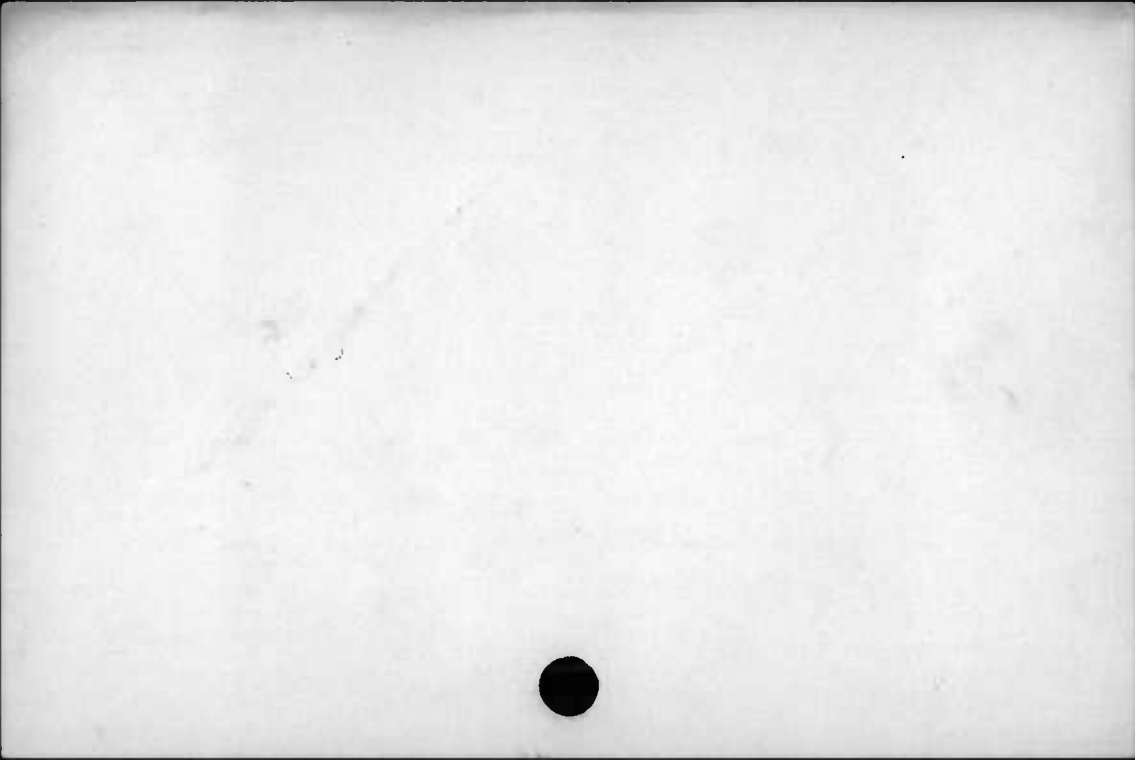
Died at		Town Channerville		County Calvert		MARYLAND	
Date of death		1907	Month October	Day 31	Age 34	Years	Months Days
Sex Male		Color or Race White		Birth place Calvert Co. Md.			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Martha A. Hardy					
Father's Name Benjamin M. Kenney		Father's Birthplace Calvert Co. Md.					
Mother's Maiden Name Maria E. Gore		Mother's Birthplace Calvert Co. Md.					
Name of person giving Information Mrs Martha M. Kenney		How related to decedent Wife					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Disease of the Heart & Chronic Bronchorrhea		How long	10 years
Immediate	Ephraim		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Thos. M. Channery M.D.	
			Address Channery, Md.	
Accident or Suicide?				



Name  
in  
Full

John T. Mackall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Drumkirk		County Calvert		MARYLAND	
Date of death		190	Month Oct	Day 24	Age 64	Years	Months Days
Sex Male		Color or Race Colored		Birth- place Calvert Co. Md.			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Martha Cook					
Father's Name Abraham Mackall		Father's Birthplace Calvert Co. Md.					
Mother's Maiden Name Mary Jones		Mother's Birthplace Calvert Co. Md.					
Name of person giving Information William Hollins		How related to deceased Brother in law					

## CAUSES OF DEATH

65

PHYSICIAN  
OR CORONER

Primary	Softening of the Brain	How long 3 weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address Thos. M. Chaney, M.D. Chaney, Md.
Accident or Suicide?		





Name  
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Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

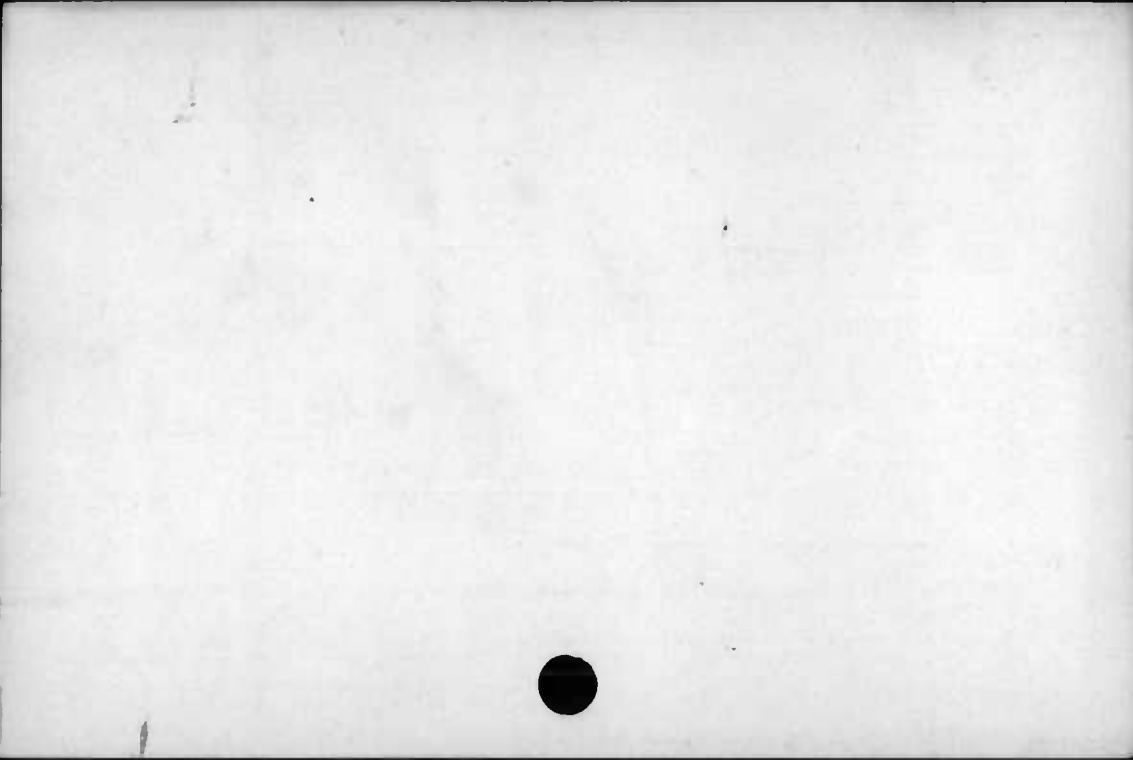
Name in Full <i>Betty Russell</i>		Town <i>Willows</i>		County <i>Calvert</i>		MARYLAND	
Died at							
Date of death	1907	Month	Oct	Day	28 <sup>th</sup>	Age	87
Sex	Female	Color or Race	White	Birth-place	Blenn Pt. Md.		
Occupation	Housekeeper			Where Residing if not at place of death			
Married, Single or Widowed	Widowed			Name of Wife or Husband			
Father's Name	Unknown			Fether's Birthplace			
Mother's Maiden Name	Unknown			Mother's Birthplace			
Name of person giving information	Philip Duffin			How related to deceased			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Unknown	How long	Unknown
Immediate	Transition from old age	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Willows	
Accident or Suicide?		Md.	



Name  
in  
Full

Mrs Nannie E. Thrasher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death		1907	Month Oct.	Day 22	Years 48	Months	Days
Sex Female		Color or Race White		Birth- place Pocahontas Co. Va.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Rev. J. C. Thrasher.					
Father's Name Wm. L. McNeel		Father's Birthplace W. Virginia					
Mother's Maiden Name Margaret Beard		Mother's Birthplace W. Virginia					
Name of person giving Information Rev J. C. Thrasher		How related to deceased Husband.					

## CAUSES OF DEATH

88

PHYSICIAN  
OR CORONER

Primary	Paralysis of Larynx	How long	7 years
Immediate	Obstruction of Respiration	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Thos. M. Chaney M.D.	
yes		Address Chaney, Ind.	
Accident or Suicide?			



Name  
in  
Full

Eliza Wallace

11

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
- NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	28	68			
Sex	Femaler		Color or Race	Colored		Birth-place	Calvert
Occupation	House wife		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Married		Oliver Wallace					
Father's Name	Do not know					Father's Birthplace	Calvert
Mother's Maiden Name	Do not know					Mother's Birthplace	Calvert
Name of person giving information	Oliver Wallace					How related to deceased	Her son

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	How long
Heart Disease	2 yrs
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	
Address	
Accident or Suicide?	

